# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|---|---|---|
| Applicants: | : | John UNDERWOOD et al. |
| Serial No. | : | 09/651,907 |
| Filed | : | August 30, 2000 |
| For | : | METHOD AND APPARATUS FOR STORING WEB SITE DATA BY WEB SITE DIMENSIONS AND GENERATING A WEB SITE HAVING COMPLEMENTARY ELEMENTS |
| Examiner | : | Joshua D. Campbell |
| Art Unit | : | 2178 |

**RECEIVED**

JUL 0 8 2004

Technology Center 2100

745 Fifth Avenue
New York, New York 10151
Tel. (212) 588-0800

## EXPRESS MAIL

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Date of Deposit:     June 29, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Charles B. Jackson
_____
(Typed or printed name of person mailing paper or fee)

_____
(Signature of person mailing paper or fee)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

**X**     No additional fee is required.

___     The fee has been calculated as shown below.

**X**     This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

07/02/2004 ZJUHAR1 00000002 09651907

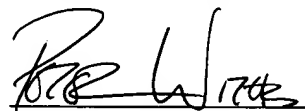01 FC:2252                    210.00 OP                              00202257

**Claims as Amended**

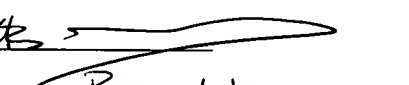| (1) | (2) Claims remaining after amendment | (3) | (4) Highest number previously paid for | (5) Present extra | (6) Rate | (7) Additional fee |
|---|---|---|---|---|---|---|
| Total claims | * 52 | Minus | ** 54 = | * 0 × | $18 (9) | = $ 0 |
| Independent claims | * 6 | Minus | *** 6 = | * 0 × | $86(43) | = $ 0 |
| | | | Total additional fee for this amendment | | | $ 0 |

\*      If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\*      If the highest number of total claims previously paid for is less than 20, write "20" in this space.

\*\*\*      If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

\_      This application contains a multiple dependent claim. The required fee of $290(145) has been previously paid \_, or is paid herewith \_.

**X**      This response is being filed within the 2rd month following the expiration of the term originally set therefor. This is a petition to request a 2-month extension of time. A check covering the cost of the petition is enclosed.

**X**      A check in the amount of **$210.00** is attached, which covers the cost of
\_ additional claims **X** petition for extension of time.

\_      Charge $\_ to Deposit Account No. 50-0320.

**X**      Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

Daniel G. Brown
Reg. No. 54,005
Tel. (212) 588-0800

PETER WITHSTANDLEY
53.784

6/30/04

OIPE JC151
JUN 29 2004
PATENT & TRADEMARK OFFICE

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New York, NY 10151

# AMENDMENT

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the non-Final Office Action dated January 29, 2004, a two-month

extension of time being requested herein, please consider the following remarks.

-1-

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